Consent to Participate in Focus Group
Topic: [Alcohol/Prescription Drugs]

You have been asked to participate in a focus group sponsored by [insert agency]. The purpose of the group to try and better understand [alcohol consumption and related behaviors/how people use narcotic prescription drugs] in our community. The information learned in the focus group will be combined with information from other focus groups and used to identify useful strategies for decreasing negative effects of [alcohol/narcotic prescription drug] misuse and abuse.

You can choose whether or not to participate in the focus group and stop at any time. You may choose to refuse to answer any question during the focus group. Although the focus group will be tape recorded, your responses will remain anonymous and no names will be mentioned in reports of the information.

Although the responses from the focus group are generally anonymous, we are required by law to report to authorities suspected instances of abuse of children or the elderly. We are also required to report to authorities if we suspect you might harm yourself or another person.

You will be compensated for your time with a payment of [insert amount] at the conclusion of the focus group.

There are no expected negative effects of participating other than some questions may make you feel uncomfortable. If you have concerns about your own or someone else's [alcohol/prescription drug], resources will be provided at the end of the focus group.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group. Further, all responses made by all participants must be kept confidential.

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I understand this information and agree to participate fully under the conditions stated above:

_____   _____
Participant   Date

_____   _____
Legal Guardian   Date